

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/2/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>68608</i>	<i>8/17/2000</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
11	✓
12	✓
13	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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